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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** June 21, 2005**CLIENT-MATTER NUMBER:** 22120-04616

P 2 24

To:

NAME:	FAX NO.:	PHONE NO.:
Commissioner of the U.S. Patent Office	(703) 872-9306	

FROM: Laura A. Majerus**PHONE:** (650) 335-7152**RE:** Appl. No.09/724,633

Filed: November 28, 2000

Title: Power Assisted Automatic Supervised Classifier Creation Tool
for Semiconductor Defects**NUMBER OF PAGES WITH COVER PAGE:**

5

MESSAGE:

Attached is a Transmittal and Request to Withdraw as Attorney (in triplicate) for filing in the above referenced application.

Please send fax confirmation of receipt of these documents. Thank you.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR ITS DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
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AS SOON AS POSSIBLE.

22120/04616/DOCS/1537809.1

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TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		Application Number	09/724,633
		Filing Date	November 28, 2000
		First Named Inventor	David Bakker
		Group Art Unit Number	2625
		Examiner Name	Aaron W. Carter
Total Number of Pages in This Submission	4	Attorney Docket Number	22120-04616

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request to Withdraw as Attorneys
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	<i>Laura Majerus</i>
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417
Dated:	June 21, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	<i>Laura Majerus</i>
Typed or Printed Name:	Laura A. Majerus
Dated:	June 21, 2005
Facsimile Number:	1-703-872-9306

22120/04616/DOCS/1537804.1

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/724,633
Filing Date	November 28, 2000
First Named Inventor	David Bakker
Group Art Unit	2625
Examiner Name	Aaron W. Carter
Attorney Docket Number	22120-04616

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

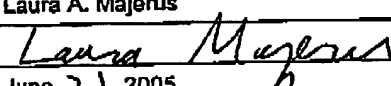
The reasons for this request are:

The client knowingly and freely assents to termination of the employment, as the client requests this file be transferred to another law firm.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Beyer Weaver & Thomas LLP				
Address	500 12 th Street, Suite 200				
Address					
City	Oakland	State	California	Zip	94607
Country	United States				
Telephone	(510) 863-1100	Fax	(510) 863-0920		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 758.
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Laura A. Majerus
Signature	
Date	June 21, 2005

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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	First Named Inventor	David Bakker
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Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	June 21, 2005

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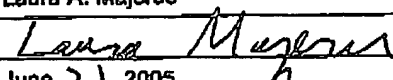
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